

Asthma Education Checklist

This form is to help you and your doctor talk about asthma. Please fill it out and hand it to your doctor. Thank you.

Patient's Name: _____ Date: ____/____/____

I. What questions do you have about asthma? Please check all that apply.

- ☐ What is asthma?
- ☐ What causes asthma?
- ☐ What triggers an asthma attack?
- ☐ How do the following affect asthma? Please check those you have questions about.
 - ☐ Allergies (pollens, feathers, mold, animals, food, dust) ☐ Smoking
 - ☐ Changes in weather ☐ Sports and exercise ☐ Sleeping
 - ☐ Stress and excitement ☐ Illness (cold, flu) ☐ Paints and cleaners
- ☐ Do I/my child need to limit exercise and sports because of asthma?
- ☐ What changes can I make at home to help my/my child's asthma?
- ☐ What are the warning signs of an asthma attack?
- ☐ How do I know when to go to the emergency room?
- ☐ What medications are there to treat my/my child's asthma?
- ☐ How and when should I/my child take asthma medication?
- ☐ What are the side effects of my/my child's medication?
- ☐ What new treatments are available for asthma?
- ☐ How is a peak flow meter used?
- ☐ How often should I/my child come in for asthma check-ups?
- ☐ What should I tell my/my child's school/employer about asthma?
- ☐ What can I do to better manage my/my child's asthma?
- ☐ Will I/my child always have asthma?
- ☐ Where can I get information about asthma?
- ☐ Other: _____?

2. What ways do you learn best? Please check all that apply.

- ☐ One-on-one questions/answers
- ☐ Resource/lending library
- ☐ Video
- ☐ Telephone/hotline
- ☐ Internet
- ☐ Computer programs
- ☐ Written materials (pamphlets, books)
- ☐ Workshops/presentations
- ☐ Support groups
- ☐ Other: _____

What additional questions or concerns do you have about your asthma? (Please use other side if needed).